

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091895,027
APPLICANT(S)

CLAIMS

	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2		/		
3		/		
4	/			
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50				
TOTAL IND.	3			
TOTAL DEP.	17	↓	↓	↓
TOTAL CLAIMS	20			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.				↓				
TOTAL DEP.				↓				
TOTAL CLAIMS				↓				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS